



**SUPPLEMENT  
BUSINESS ERRORS AND OMISSIONS APPLICATION  
Collection Agents**

1. a. Have the Applicant's collection procedures been reviewed by an attorney?  Yes  No
- b. Does the Applicant have all standardized correspondence that is sent to debtors reviewed by an attorney?  Yes  No
- If "No" to either question above, please give full details. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. a. Has any complaint ever been made against the Applicant to the Grievance Committee or any Collectors' Association, Better Business Bureau or similar organizations?  Yes  No
- If "Yes," please give full details. \_\_\_\_\_
- \_\_\_\_\_

- b. Has the Applicant ever been convicted of the violation of any statute applying to Collection Agencies?  Yes  No
- If "Yes," please give full details. \_\_\_\_\_
- \_\_\_\_\_

3. State the Applicant's Annual Gross Income derived from:
- a) Debt collection – mail and phone \_\_\_\_\_
- b) Credit Bureau \_\_\_\_\_
- c) Repossessions \_\_\_\_\_

4. What controls does the Applicant have in place to ensure that Applicant complies with consumer protection laws when collecting? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This supplement is part of Tudor's Business Errors and Omissions application which will be made a part of the policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative



**TUDOR  
INSURANCE COMPANY**  
A Member Company of the  
Western World Insurance Group

**APPLICATION  
ERRORS AND OMISSIONS LIABILITY**

**NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.**

1. Name of Firm \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Website Address \_\_\_\_\_

2. Date Established \_\_\_\_\_

3. Is applicant firm a Corporation  LLC  Partnership  Sole Proprietorship

4. Is the firm owned by, associated with or controlled by any other business?  Yes  No

If Yes, give details. \_\_\_\_\_

5. Describe in detail the nature of the professional or business activities for which insurance is desired.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. How long have you been engaged in your current occupation or business? \_\_\_\_\_ Years

7. Are you engaged in any other profession or business?  Yes  No

If Yes, explain. \_\_\_\_\_

8. Provide the number of your staff.

Partners or Officers \_\_\_\_\_ Professional/Technical Personnel \_\_\_\_\_ Support \_\_\_\_\_

9. List the qualifications of professional staff. If in business five years or less, attach resumes.

\_\_\_\_\_  
 \_\_\_\_\_

10. List membership in professional and/or trade organizations.

\_\_\_\_\_  
 \_\_\_\_\_

11. a. Gross Revenue estimated for next year. Indicate year in spaces provided. \_\_\_\_\_ \$ \_\_\_\_\_

Current Year \_\_\_\_\_ \$ \_\_\_\_\_ Previous Year \_\_\_\_\_ \$ \_\_\_\_\_

b. Total gross annual payroll: \$ \_\_\_\_\_

12. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months?  Yes  No

If Yes, explain. \_\_\_\_\_

13. Does the applicant use independent contractors?  Yes  No

If Yes, state how many and explain what types of services and what percent of your total receipts are subcontracted.

\_\_\_\_\_

Is evidence of professional liability insurance required from independent contractors?  Yes  No

What is the limit required? \_\_\_\_\_

14. Does your firm use a written contract or agreement describing the services to be provided?  Yes  No

15. Have your contracts and procedures been reviewed by a law firm?  Yes  No

16. Does your firm assume liability for others under contracts utilized?  Yes  No

17. List your three largest clients during the past year and indicate services performed and approximate revenue from each.

Name	Services	Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Provide details of General Liability Insurance in force.

Company	Limit	Deductible	Policy Term
_____	_____	_____	_____

Does the policy detailed above include coverage for Products/Completed Operations Hazard?  Yes  No

19. Please provide details of Errors and Omissions insurance carried during the last three years.

Company	Limit	Deductible	Premium	Policy Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your expiring policy a CLAIMS MADE POLICY?  Yes  No

If Yes, advise Retroactive Date. \_\_\_\_\_

20. Give an example of a claim that you intend to have insured under this policy.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Has any application for Errors & Omissions or similar insurance made on behalf of you and your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal?  Yes  No

If Yes, give details below or attach an information sheet.

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22. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees?  Yes  No

If Yes, give details below or attach an information sheet.

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23. Are any of you aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described?  Yes  No

If Yes, give details below or attach an information sheet.

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24. Limit of Liability requested \_\_\_\_\_ Deductible \_\_\_\_\_

25. Please include with this application the following items:

- A. Current brochure or similar item describing activities or services.
- B. Most recent financial statement or annual report.
- C. Copies of standard contracts for professional or business activities.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**I/WE HEREBY DECLARE** that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

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Date

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Signature of Applicant

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Title

**PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.**